SAMPLE FOR LICENSEE, ADMINISTRATOR, AND DIRECT CARE STAFF OF ICFDD, ICFDDN, ICFDDH FACILITIES

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: *A1226* (Code assigned by DOJ) Type of Application: *(Choose one) Employment or Licence* (Choose Only Once)

Job Title or Type of License, Certification, or Permit: *(ICF Developmentally Disabled) (ICF Dev. Disabled Habilitative) (ICF Dev. Disabled Nursing)*

California Department of Public Health (CDPH), L&C
Agency authorized to receive criminal history information

03314
Mail Code (five-digit code assigned by DOJ)

ATCS, Fingerprint Investigation Unit
Street No. Street or PO Box

(leave blank)
Contact Name (Mandatory for all school submissions)

1615 Capitol Avenue, MS 3301, P.O. Box 997416
City State Zip Code

( ) *(leave blank)*
Contact Telephone No.

Sacramento *CA* *95899-7416*

Name of Applicant: *Your full name*
(Please print) Last First MI

AKA's: *Other names known as*
Last First

CDL No.: *California Drivers License Number*

(Check one)

DOB: *Date of birth* SEX: ☐ Male ☐ Female

Misc. No.: BIL – *Not applicable*
Agency Billing Number (if applicable)

HT: *Height* WT: *Weight*

Misc. No.: *Your telephone number*

Eye color: *Color* Hair color: *Color*

Home Address: (Applies only if Youth Org/HRA or Public Utility Submission)

POB: *Place of birth*

Your mailing address
Street or PO Box

SOC: *Social security number (Mandatory by CDPH)*

City, State and Zip Code

Your Number: *Facility name and, if known, license number*
OCA No. (Agency Identifying No.)

Level of Service ☒ DOJ ☐ FBI

If resubmission, list Original ATI No.

Employer: (Additional response for Department of Social Services, DMB/CHP licensing, and Department of Corporations submissions only)

Facility Name
Employer Name

Facility Address
Street No. Street or PO Box

(Leave blank)
Mail Code (five digit code assigned by DOJ)

City State Zip Code

( ) *Facility telephone number*
Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

Transmitting Agency ATI No. Amount Collected/Billed

BCII 8016 (Rev 5/07) SAMPLE

ORIGINAL—Live Scan Operator; SECOND COPY–Requesting Agency; THIRD COPY–Applicant

NOTE TO APPLICANT: Send the second copy of this completed form to the Fingerprint Investigation Unit along with the HS 322 Transmittal Application for Criminal Background Investigatoin.

FIU Sample